EMERGENCY SOLUTIONS GRANT HOMELESS CERTIFICATION

ESG Household Name:	Date:
This is to certify the above individual or household is documentation.	currently homeless based on the category checked and required
**GENERAL HO	DMELESS CERTIFICATION
This category is eligible for Rapid ReHousi	ng (RRH) Assistance
CATEGORY 1: Literally Homeless	
Individual or family who lacks a fixed, regular, and adequ	
(i) Has a primary nighttime residence that is a public or	
	signated to provide temporary living arrangements (including and motels paid for by charitable organizations or by federal, state and
local government programs).	and moters paid for by charitable organizations of by federal, state and
To certify homeless status for the above, must provide	documentation of 1 of the following:
Written observation by the outreach worked	er ; or
Written referral by another housing or serv	•
Certification by the individual or head of ho in shelter.	busehold seeking assistance stating that (s)he was living on the streets or
Individual or family who lacks a fixed, regular, and adequ	ate nighttime residence, meaning:
	30 days or less <u>and</u> who resided in an emergency shelter or place not
· · · · · · · · · · · · · · · · · · ·	tering that institution (documentation must include one of the above
forms of evidence <u>AND</u> 1 of the following).	
Discharge paperwork or written/oral referr	
exited institution .	ence to obtain above evidence and certification by individual that they
Catagories 2.8.2 are considered "homoless	e" but receive essistance under Provention, Category A
	s" but receive assistance under Prevention. Category 4 or RRH based on criteria*
	icient resources & meet eligibility in at least one category below)
CATEGORY 2: Imminent Risk of Homelessness	icient resources & meet engionity in at least one category below)
Individual or family who will imminently lose their prima	ry nighttime residence, provided that:
(i) Residence will be lost within 14 days of the date of ap	• •
(ii) No subsequent residence has been identified; and	
(iii) The individual or family lacks the resources or suppo	rt networks needed to obtain other permanent housing
CATEGORY 2: Imminent Risk of Homelessness (co	ont.)
Documentation must include 1 of the following:	
=	ion notifying the individual or family that they must leave; or
A documented and verified oral statement.	r motel—evidence that they lack the financial resources to stay; or
In addition to 1 of the above, documentation must incl	
Certification that no subsequent residence	
Self-certification or other written documen	tation that the individual lack the financial resources and support
necessary to obtain permanent housing. (T necessary.)	hese can both be documented with a Self-Certification form if

CATEGORY 3: Homeless under Other Federal Statutes	
Unaccompanied youth under 25 years of age, or families with o	children and youth, who do not otherwise qualify as homeless
under this definition, but who:	miles en ana years, time de necessies moe quamy de nemelesse
(i) Are defined as homeless under the other listed federal sta	tutes:
(ii) Have not had a lease, ownership interest, or occupancy ag	
homeless assistance application;	recinent in permanent neutring auting the ce days prior to the
(iii) Have experienced persistent instability as measured by 2 r	noves or more during the preceding 60 days: and
(iv) Can be expected to continue in such status for an extende	
Documentation must include all of the following:	a period of time add to special needs of barriers.
<u> </u>	ernment that the individual or head of household seeking
assistance met the criteria of homelessness unde	
Certification of no public housing in the last 60 da	
_	ld, and any available supporting documentation, that (s)he has
moved 2 or more times in the past 60 days; <u>and</u>	id, and any available supporting documentation, that (s)ne has
Documentation of special needs <u>or</u> 2 or more ban	riors
Documentation of special fleeds of 2 of flore ball	TIEIS.
*Can be provided assistance with RRH IF they mee	et the criteria for both Category 4 AND 1. Otherwise,
Prevention funds should be used	
rievention funus snould be used	Tot assistance.
CATEGORY 4: Eleging/Attempting to Eleg Demostic Vic	olonco —
CATEGORY 4: Fleeing/Attempting to Flee Domestic Vice Any individual or family who:	hence –
	
(i) Is fleeing, or is attempting to flee, domestic violence;(ii) Has no other residence; and	
· · ·	ormanent housing
(iii) Lacks the resources or support networks to obtain other p	ermanent nousing
Documentation required:	
For victim service providers:	
·	usehold seeking assistance which states: they are fleeing; they
	ources. Statement must be documented by a self-certification or
a certification by the intake worker.	
For non-victim service provider (must document <u>all</u> of the follow	= -
	ehold seeking assistance that they are fleeing. This statement is
	worker. Where the safety of the individual or family is not
jeopardized, the oral statement must be verified;	
	ld that no subsequent residence has been identified ; <u>and</u>
	, that the individual or family lacks the financial resources and
support networks to obtain other permanent hou	ising.
CHRONICALLY HOME	I FSS CERTIFICATION
CHRONICALLY HOMELESS: (If chronically homeless, the	
•	e deficial fiorneless certification must also be
completed).	
Individual or family:	
(i) Homeless and lives or resides in a place not meant for huma	
• • • • • • • • • • • • • • • • • • • •	ant for human habitation, a safe haven, or in an emergency shelter
continuously for at least one year or on at least four separa	•
(iii) Has an adult head of household (or a minor head of househ	· · · · · · · · · · · · · · · · · · ·
•	ital disability (as defined in Section 102 of the Developmental
	.C. 15002)), post-traumatic stress disorder, cognitive impairments
resulting from a brain injury, or chronic physical illness or d	isability, including the co-occurrence of 2 or more of those
conditions.	
Intake Staff Signature:	Date: